

ADULT CHILD REFERENCE
Michigan Department of Human Services

Our agency is currently working with your parent(s) in respect to their interest in adopting _____.
Please help us by answering some questions and returning this form to the adoption worker, as indicated below, in the enclosed envelope. If you don't wish to respond in writing, please contact the number listed on the end of this page to speak directly to the assigned caseworker.

List what you view as your parent(s) greatest strengths.

List what you view as your parent(s) weaknesses?

Describe what type of discipline your parent(s) used with you while you were growing up. Do you feel this type of discipline was/is appropriate?

Please describe your current relationship with your parent(s).

Do you support your parent(s) in their efforts to adopt the child(ren) listed above? Please explain your response.

Additional comments or concerns. Use the back of this form if you need additional space.

Please Print your Name	Signature	Date
Street Number and Address	City, State and Zip Code	
Day Time Telephone Number	Home Telephone Number	

Adoption Worker	Agency
Telephone Number	Fax Number

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.